

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6467-63-044095  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6467

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
MEDICAL CERTIFICATION  
L. Lewis

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1  
2 7005  
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4 1  
5 1  
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7 1  
8 2  
9 20.1  
10  
11  
12 62-2  
13

FILED DEC 11 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Independence</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osteopathic Hospital x</u>		d. STREET ADDRESS <u>1401 East Pacific</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>PEARL</u> Middle <u>OPAL</u> Last <u>MC BEE</u>		4. DATE OF DEATH Month <u>November</u> Day <u>27</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-31-1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	9. AGE (last birthday) <u>61</u>
11a. FATHER'S NAME <u>Robert Porter</u>		11b. MOTHER'S MAIDEN NAME <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>Robert Porter</u>		14. NAME OF HUSBAND OR WIFE <u>Chester T. Mc Bee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT <u>Chester T. Mc Bee, 1401 E. Pacific, Indep.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Congestive Heart Failure.</u> DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>4:30 P.M.</u> Month <u>11</u> Day <u>26</u> Year <u>63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5:30 P.M. 11-26-63</u>	
20f. CITY, TOWN, OR LOCATION <u>INDEPENDENCE, MO.</u>		20g. COUNTY <u>INDEPENDENCE, MO.</u>	
20h. STATE <u>INDEPENDENCE, MO.</u>		21. I attended the deceased from <u>4:30 P.M. 11-26-63</u> to <u>5:30 P.M. 11-26-63</u> and last saw her alive on <u>11-26-63</u> Death occurred at <u>5:4 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Oliver L. Lewis M.D.</u>		22b. ADDRESS <u>308 W. WALNUT, INDEPENDENCE, MO.</u>	
22c. DATE SIGNED <u>11-29-63</u>		23. LOCATION (City, town, or county) <u>INDEPENDENCE, MO.</u>	
23a. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Memory Gardens</u>		23b. DATE RECD. BY LOCAL REG. <u>11-29-63</u>	
24. FUNERAL DIRECTOR <u>Geo. C. Carson &amp; Sons, Independence, Mo.</u>		25. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James H. Kline*

Licensed Embalmer No. 5228

P.O. Address

Independence, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.